



Application No. (if known): 10/561,877

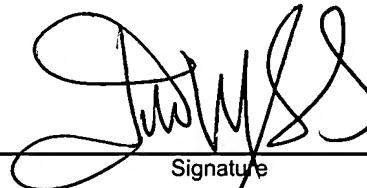
Attorney Docket No.: 61506(71699)

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Jonathan M. Sparks, Ph.D.

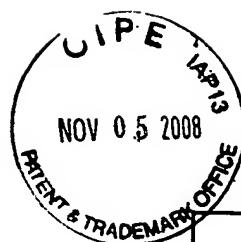
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Fee Transmittal (1 page)
Amendment Transmittal (1 page)
Three Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page)
Notice of Appeal (1 page)
Amendment After Final Action Under 37 C.F.R. 1.116 (7 pages)
Charge \$825.00 to deposit account 04-1105

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PTO/SB/17 (10-08)

Approved for use through 06/30/2010. OMB 0651-0032
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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2009

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT **(\$)** **825.00**

Complete if Known	
Application Number	10/561,877-Conf. #1113
Filing Date	August 2, 2006
First Named Inventor	Michael G. Goggins
Examiner Name	E. C. Whisenant
Art Unit	1634
Attorney Docket No.	61506(71699)

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____
 Deposit Account Deposit Account Number: 04-1105 Deposit Account Name: Edwards Angell Palmer & Dodge LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		<u>Fees Paid (\$)</u>
	<u>Fee (\$)</u>	<u>Small Entity</u> <u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity</u> <u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity</u> <u>Fee (\$)</u>	
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

<u>Fee (\$)</u>	<u>Small Entity</u> <u>Fee (\$)</u>
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52 26

Each independent claim over 3 (including Reissues)

220 110

Multiple dependent claims

390 195

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>
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23 - 23 or HP = _____

_____ x _____ = _____

Fee (\$)

Fee (\$)

Fee (\$)

Fee Paid (\$)

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
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3 - 3 or HP = _____

_____ x _____ = _____

Fee (\$)

Fee (\$)

Fee (\$)

Fee Paid (\$)

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
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_____ - 100 = _____

_____ /50 = _____ (round up to a whole number) x _____ = _____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

555.00

Other (e.g., late filing surcharge): 2253 Extension for response within third month

270.00

2401 Notice of appeal

<u>SUBMITTED BY</u>		<u>Registration No.</u> <u>(Attorney/Agent)</u>	<u>Telephone</u>
Signature		53,624	(617) 517-5543
Name (Print/Type)	Jonathan M. Sparks, Ph.D.	Date	November 5, 2008



AMENDMENT TRANSMITTAL LETTER

Docket No.
61506(71699)

Application No.
10/561,877-Conf. #1113

Filing Date
August 2, 2006

Examiner
E. C. Whisenant

Art Unit
1634

Applicant(s): Michael G. Goggins et al.

Invention: METHYLATED GENE BIOMARKERS FOR DETECTING CANCER

TO THE COMMISSIONER FOR PATENTS

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	23	- 23 =		x	
Independent Claims	3	- 3 =		x	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify): Extension for response within third month; Notice of appeal					825.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					825.00

Large Entity

Small Entity

No additional fee is required for this amendment.

Please charge Deposit Account No. 04-1105 in the amount of \$ 825.00.
A duplicate copy of this sheet is enclosed.

A check in the amount of \$ _____ to cover the filing fee is enclosed.

Payment by credit card. Form PTO-2038 is attached.

The Director is hereby authorized to charge and credit Deposit Account No. 04-1105 as described below. A duplicate copy of this sheet is enclosed.

Credit any overpayment.

Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.

Dated: November 5, 2008

Jonathan M. Sparks, Ph.D.
Attorney/Agent Reg. No.: 53,624

EDWARDS ANGELL PALMER & DODGE LLP
P.O. Box 55874
Boston, Massachusetts 02205
(617) 517-5543